

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2011	10/31/2011

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	67.2	*****	71.1				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	3.5	*****	4.7				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	270				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	136.1	229.4		3.4	*****	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.8	5.5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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LOCATION: 260 COLUMBIA STREET
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ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2011	10/31/2011

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	72.5	*****	77.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.6	*****	3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.2	3.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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MM/DD/YYYY	MM/DD/YYYY
10/01/2011	10/31/2011

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	57.1	*****	62.3				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	3.7	*****	4.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.5	2.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	60.6	*****	67.9				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	2.9	*****	3.4				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	290				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	84.4	247.2		2.3	*****	5.7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.4	5.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	67.8	*****	75.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.3	*****	2.1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.9	3.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	53.9	*****	58.1				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	10				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.4	2.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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MA0005991	002-T
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MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
TOXICITY 4X YEAR
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24

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TOXICITY DATA TEST 2ND WEEK OF FEB., MAY, AUG., AND NOV. SUBMIT DMR AND REPORT BY 30TH OF FOLLOWINGMONTH.

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OUTFALL 001 5.0MGD
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	59.2	*****	66.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	5.2	*****	6.3				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	210				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	105.1	229.4		2.8	*****	5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.5	5.5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	65.2	*****	74.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.8	*****	6.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.9	3.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	50.3	*****	56.6				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	5.2	*****	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.7	2.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	57.4	*****	62.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	3.6	*****	5.3				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	250				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	138.9	242.9		3.7	*****	5.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	< 1.5	5.6		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	62.6	*****	69.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.9	*****	3.9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3	3.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	48.3	*****	52.6				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	5	*****	7.1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	2.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	57	*****	65.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	2.5	*****	3.1				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	270				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	69.1	142.6		1.8	*****	3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.6	5.7		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	66	*****	71.9				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2	*****	3.9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3	3.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	51.6	*****	54.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.7	*****	5.3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	2.7		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
TOXICITY 4X YEAR
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	6.25	*****	*****		1		
TBD6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY DATA TEST 2ND WEEK OF FEB., MAY, AUG., AND NOV. SUBMIT DMR AND REPORT BY 30TH OF FOLLOWINGMONTH.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	66.1	*****	72.5				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	3.2	*****	4				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	235				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	82.3	144.6		2.1	*****	3.4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.7	5.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	70.2	*****	76.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.6	*****	3.1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.1	3.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	56.5	*****	63.5				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.8	*****	2.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	64.6	*****	73.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	3.3	*****	4.9				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	300				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	62.7	101.7		1.6	*****	2.3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.7	5.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	72	*****	81				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.2	*****	5.1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.2	3.4		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	57.6	*****	62.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.9	*****	2.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.5	2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	68.9	*****	74.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	2	*****	2.3				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	190				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	76.1	103.3		1.9	*****	2.1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.8	5.9		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	75.3	*****	82.9				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.6	*****	2.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.1	3.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
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FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
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05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	58.4	*****	62.3				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	4	*****	8.7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.7	2.6		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
TOXICITY 4X YEAR
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY DATA TEST 2ND WEEK OF FEB., MAY, AUG., AND NOV. SUBMIT DMR AND REPORT BY 30TH OF FOLLOWINGMONTH.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	69.8	*****	77.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	66				
00011 Z 0 Instream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	3.3	*****	4.4				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	210				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	80.1	160.5		2	*****	3.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.8	5.5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	80.1	*****	86.6				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.7	*****	3.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.8	3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	62.4	*****	68.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.8	*****	3.7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2	2.6		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	76.3	*****	80.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	78.4				
00011 Z 0 Instream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	3.8	*****	4.8				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	270				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	84.4	145.1		2.2	*****	3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.6	5.8		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	82.1	*****	88.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1	*****	1.4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3	3.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	66.2	*****	71.9				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	3.2	*****	4.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.5	2.5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	72.7	*****	76.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	78.8				
00011 Z 0 Instream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	3.7	*****	5.2				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	220				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	53.7	91.9		1.4	*****	1.9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.6	5.8		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	78.5	*****	84.9				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1	*****	3.1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.9	3.4		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	64.7	*****	68.5				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	4.1	*****	5.4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.9	3.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
TOXICITY 4X YEAR
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	27.17	*****	*****				
TBD6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY DATA TEST 2ND WEEK OF FEB., MAY, AUG., AND NOV. SUBMIT DMR AND REPORT BY 30TH OF FOLLOWINGMONTH.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	68.2	*****	74.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	70.8				
00011 Z 0 Instream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	3.3	*****	3.8				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	250				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	54.9	70.7		1.4	*****	1.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.7	5.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	77.7	*****	82.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.7	*****	2.3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.9	3.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	63	*****	68.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	4	*****	6.9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.7	2.4		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	67.6	*****	73.5				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	4.2	*****	6.3				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	250				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	85.8	237		2.1	*****	4.9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.9	5.8		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	71.7	*****	78.5				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.6	*****	1.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3	3.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	58.7	*****	65.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	8.7	*****	11.7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.9	2.6		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	63.1	*****	69.6				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	4.3	*****	8.3				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	230				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	76.1	114.9		1.9	*****	2.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.8	5.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	70.7	*****	72.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.9	*****	7.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3	3.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	53.9	*****	60.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	3.4	*****	6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.8	2.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
TOXICITY 4X YEAR
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY DATA TEST 2ND WEEK OF FEB., MAY, AUG., AND NOV. SUBMIT DMR AND REPORT BY 30TH OF FOLLOWINGMONTH.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	59	*****	65.5				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	4	*****	7.8				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	249				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	93.8	234.2		2.5	*****	5.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.5	5.4		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	64.8	*****	74.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.9	*****	3.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.7	3.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	53.6	*****	58.1				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	9.7	*****	18.7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.8	2.6		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	57.5	*****	64.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	3.3	*****	4.6				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	230				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	82.6	128.4		2.2	*****	2.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.5	5.5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	62.1	*****	69.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.3	*****	6.1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3	3.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	51.6	*****	56.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	7.7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.5	2.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	59.2	*****	66.1				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	4.3	*****	4.9				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	190				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	144.1	164.8		3.6	*****	3.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.8	5.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	62.5	*****	70.9				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	8.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.7	*****	4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.8	3.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	51.9	*****	57.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	8.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	5.6	*****	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2	2.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
TOXICITY 4X YEAR
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	50	*****	*****				
TBD3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY DATA TEST 2ND WEEK OF FEB., MAY, AUG., AND NOV. SUBMIT DMR AND REPORT BY 30TH OF FOLLOWINGMONTH.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	62.7	*****	68.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	4.7	*****	7.2				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	250				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	161.1	228.8		4.2	*****	5.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.6	4.9		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	67	*****	75				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	3.8	*****	7.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.4	2.8		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	53.8	*****	63				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	11	*****	19.4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	64	*****	68.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	3.6	*****	5				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	250				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	106	120.1		3.1	*****	3.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.1	4.5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	67.4	*****	74.1				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	9.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2	2.4		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	57.7	*****	66.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	9.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	71.6	*****	76.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	3	*****	4.3				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	270				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	110.1	166.8		3	*****	4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.4	5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	73.8	*****	79.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.2	*****	4.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.3	2.9		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	60.7	*****	64.5				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.6				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	4.5	*****	7.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
TOXICITY 4X YEAR
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	50	*****	*****				
TBD6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY DATA TEST 2ND WEEK OF FEB., MAY, AUG., AND NOV. SUBMIT DMR AND REPORT BY 30TH OF FOLLOWINGMONTH.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	74.1	*****	79				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	70.5				
00011 Z 0 Instream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	3.4	*****	5.2				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	210				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	297.2	497.8		8.1	*****	12.7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.4	4.7		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	78	*****	85				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.1	*****	3.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.3	2.6		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	64.4	*****	67.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	4.6	*****	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	75.7	*****	83				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	76.7				
00011 Z 0 Instream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	4.7	*****	5.6				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	230				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	206.4	275.2		5.5	*****	6.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.5	5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	76	*****	85.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.1	*****	4.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.4	2.8		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	65.4	*****	71.3				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.6				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	3.3	*****	4.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	76	*****	79.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	71.4				
00011 Z 0 Instream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	3.2	*****	3.8				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	210				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	82.5	171.6		2.3	*****	4.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.3	4.9		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	77.8	*****	84.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.4	*****	1.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.4	2.8		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	65.1	*****	71.1				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	5	*****	9.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.9	2.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
TOXICITY 4X YEAR
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY DATA TEST 2ND WEEK OF FEB., MAY, AUG., AND NOV. SUBMIT DMR AND REPORT BY 30TH OF FOLLOWINGMONTH.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	74	*****	80.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	70.3				
00011 Z 0 Instream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	4.7	*****	6.7				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	220				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	108.8	148.9		2.9	*****	3.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.5	5.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	76.5	*****	84				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.4	*****	1.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.7	3.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	63.4	*****	68.9				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	3.8	*****	7.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.8	2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	70	*****	76				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	4.8	*****	6.3				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	210				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	114.4	278.5		2.8	*****	6.3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.9	5.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	72.8	*****	79.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	3.5	*****	9.9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.9	3.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	60.5	*****	65.5				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.6				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	3.5	*****	4.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2	2.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	64.7	*****	70.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	3.6	*****	4.1				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	240				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	165	294.4		4.6	*****	6.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.3	4.6		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	69.8	*****	76.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.7	*****	3.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.3	2.8		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	53.3	*****	59.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.6				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	12.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2	2.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
TOXICITY 4X YEAR
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	12.5	*****	*****		1		
TBD6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY DATA TEST 2ND WEEK OF FEB., MAY, AUG., AND NOV. SUBMIT DMR AND REPORT BY 30TH OF FOLLOWINGMONTH.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	62.8	*****	68.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	4.4	*****	7.6				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	250				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	123.4	212.7		4	*****	5.1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.7	5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	67.7	*****	76				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	4.6	*****	7.3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.7	2.9		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	50.6	*****	56.9				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	4.8	*****	5.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2	2.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	56.9	*****	62				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	4.6	*****	5.2				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	270				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	126.8	204.3		4	*****	4.9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.8	5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	62.6	*****	68.5				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.5	*****	5.1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.8	3.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	46.6	*****	52.5				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	14				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	59.6	*****	66				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	5.2	*****	6.7				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	210				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	165	312.2		4.3	*****	7.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.6	5.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	61.2	*****	66.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.4	*****	4.7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.5	3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	50	*****	54.1				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.6				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	5.2	*****	5.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
TOXICITY 4X YEAR
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY DATA TEST 2ND WEEK OF FEB., MAY, AUG., AND NOV. SUBMIT DMR AND REPORT BY 30TH OF FOLLOWINGMONTH.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	62.7	*****	67				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	2.2	*****	2.9				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	250				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	104.1	234.2		2.6	*****	5.4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.8	5.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	68.5	*****	76.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.8	*****	5.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.7	3.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	51.8	*****	57.5				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	3.8	*****	7.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	68.6	*****	72.3				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	5	*****	6.7				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	240				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	175.7	273.2		4.3	*****	6.3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.9	5.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	73.6	*****	78.3				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.8	*****	2.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.8	3.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	57.2	*****	63.3				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	8.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	72.6	*****	77.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	3.3	*****	5.5				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	240				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	135.8	221.2		4.4	*****	5.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.7	5.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	77.3	*****	83.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	3	*****	7.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	61.6	*****	70.5				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	5.3	*****	9.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
TOXICITY 4X YEAR
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	27.17	*****	*****				
TBD3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY DATA TEST 2ND WEEK OF FEB., MAY, AUG., AND NOV. SUBMIT DMR AND REPORT BY 30TH OF FOLLOWINGMONTH.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	76.4	*****	79.5				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	63.8				
00011 Z 0 Instream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	12.1				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	240				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	147.5	206		5.2	*****	6.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.4	3.8		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	80.1	*****	85				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.4	*****	1.7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.3	1.7		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	64.7	*****	70				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	4.9	*****	5.7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	75.4	*****	79.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	71.4				
00011 Z 0 Instream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	4	*****	4.3				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	210				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	94.3	233.9		3.9	*****	8.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.9	3.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
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FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
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ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	80.4	*****	85.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.7	*****	3.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.8	1.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	66.1	*****	68.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	8.2	*****	11.4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	73.9	*****	78.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	69.9				
00011 Z 0 Instream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	2.8	*****	3.4				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	220				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	129.6	294.2		4.2	*****	8.4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.7	4.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	78.3	*****	84.6				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.5	*****	2.3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	62.9	*****	67.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	12.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
TOXICITY 4X YEAR
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY DATA TEST 2ND WEEK OF FEB., MAY, AUG., AND NOV. SUBMIT DMR AND REPORT BY 30TH OF FOLLOWINGMONTH.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	75.1	*****	77.9				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	64.8				
00011 Z 0 Instream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	3.3	*****	5.6				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	230				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	60.2	91.1		1.9	*****	2.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.8	4.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	77.7	*****	83.1				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.7	*****	4.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	61.5	*****	65.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	5.9	*****	9.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.2	2.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	70.6	*****	76.5				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	2.7	*****	3.3				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	220				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	70.1	92.1		2	*****	2.3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.2	48		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	75.3	*****	80.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	.9	*****	1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.7		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	58.1	*****	65.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	3.6	*****	4.7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	66.2	*****	71				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	2.1	*****	2.8				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	220				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	59.5	88.1		1.7	*****	2.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.2	4.8		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	71	*****	76.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.8	*****	2.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.3	3.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	53.1	*****	59.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	12.1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.1		*****	*****	*****	*****			CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
TOXICITY 4X YEAR
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TBD3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TBD6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY DATA TEST 2ND WEEK OF FEB., MAY, AUG., AND NOV. SUBMIT DMR AND REPORT BY 30TH OF FOLLOWINGMONTH.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 01220
MINOR (SUBR W)
OUTFALL 001 5.0MGD
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	62	*****	69.1				CONTIN
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	3.9	*****	6.3				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	230				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	71.8	126.1		2.1	*****	2.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.1	5.4		*****	*****	*****	*****			CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	67.5	*****	73				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.6	*****	2.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2	3.2		*****	*****	*****	*****			CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	53.1	*****	59.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	15.7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.2		*****	*****	*****	*****			CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	56	*****	61.5				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	4.7	*****	6.4				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	235				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	90.8	146.8		3.3	*****	4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.3	4.4		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	60.3	*****	67.9				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.4	*****	2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.2	2.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	48.7	*****	53.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	5.3	*****	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	54.3	*****	63				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	2	*****	2.1				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	235				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	51.4	75.1		1.4	*****	1.7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.4	5.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	62.9	*****	69.9				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.4	*****	1.7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.2	3.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	49.9	*****	55				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	5.9	*****	10.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
TOXICITY 4X YEAR
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	25	*****	*****		1		
TBD6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY DATA TEST 2ND WEEK OF FEB., MAY, AUG., AND NOV. SUBMIT DMR AND REPORT BY 30TH OF FOLLOWINGMONTH.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	62.7	*****	67.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	1.9	*****	3.1				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	180				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	36.7	54.9		1.1	*****	1.4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4	4.7		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	67.1	*****	72.6				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.7	*****	2.1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.9	2.6		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	52.4	*****	57.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	11.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	65.3	*****	72.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	1.6	*****	2.1				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	235				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	25	63.1		1	*****	1.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3	4.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	70	*****	78.1				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	.8	*****	.9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.91	2.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	55	*****	61.1				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	22.1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	79.5	*****	87.7		1		
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	5.9	*****	12.2				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	190				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	169.3	408.8		5.8	*****	11.4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.5	4.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	67.1	*****	72.6				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.4	*****	2			Twice per Week	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.4	2.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	62.2	*****	70.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.8	*****	6.9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.2		*****	*****	*****	*****			CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
TOXICITY 4X YEAR
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY DATA TEST 2ND WEEK OF FEB., MAY, AUG., AND NOV. SUBMIT DMR AND REPORT BY 30TH OF FOLLOWINGMONTH.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	75.1	*****	78.3				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	67.1				
00011 Z 0 Instream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	4.5	*****	7.1				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	180				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	44	78.4		1.6	*****	2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.3	4.7		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	79.7	*****	85.6				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	.9	*****	1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.2	2.4		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	62.2	*****	68.5				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	8.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	12.9	*****	25.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	76.9	*****	80.3				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	76.8				
00011 Z 0 Instream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	3.1	*****	3.7				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	190				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	64.8	82.6		2.1	*****	2.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.7	4.5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	80.5	*****	84.9				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.08	*****	1.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	2.4		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	63.5	*****	67.3				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	10.2	*****	20.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.16	2.18		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
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FACILITY: SPECIALTY MINERALS, INC.
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ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	77.6	*****	81.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	79.2				
00011 Z 0 Instream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	7.5				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	146				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	70.3	110.1		2.5	*****	3.3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.4	4		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
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FACILITY: SPECIALTY MINERALS, INC.
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MA0005991	002-B
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08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	80.6	*****	85.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.1	*****	1.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.2	1.8		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
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MONITORING PERIOD	
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MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	63.5	*****	68				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.2	*****	7.1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.2	2.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
TOXICITY 4X YEAR
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****				
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY DATA TEST 2ND WEEK OF FEB., MAY, AUG., AND NOV. SUBMIT DMR AND REPORT BY 30TH OF FOLLOWINGMONTH.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	75.9	*****	80.5				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	76.1				
00011 Z 0 Instream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	3.9	*****	5.1				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	190				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	76.7	129.4		2.3	*****	3.3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.4	4.6		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	79.7	*****	85.1				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	3.9	*****	7.7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.2	2.4		*****	*****	*****	*****			CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	58.4	*****	65.1				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.6	*****	9.1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.2		*****	*****	*****	*****			CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	71.1	*****	74.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	3.4	*****	5.1				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	150				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	65.2	103.1		2	*****	2.7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.9	4.58		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	74.2	*****	79.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.44	*****	5.3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.8	2.5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	56.7	*****	61.1				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	4	*****	24.7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	63.6	*****	73.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	2.5	*****	3.5				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	190				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	42.4	61.1		1.3	*****	1.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.9	4.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	66.3	*****	77.3				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.52	*****	6.35				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.8	2.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	51.8	*****	59.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.4	*****	3.4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
TOXICITY 4X YEAR
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****				
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBD6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TOXICITY DATA TEST 2ND WEEK OF FEB., MAY, AUG., AND NOV. SUBMIT DMR AND REPORT BY 30TH OF FOLLOWINGMONTH.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	61.8	*****	71.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	1.7	*****	2.2				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	225				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	60.2	148.2		1.9	*****	4.23				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.8	4.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	64.7	*****	74.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.71	*****	2.16				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.8	2.1		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	48.5	*****	56.5				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	4	*****	9.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2	2.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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LOCATION: 260 COLUMBIA STREET
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ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	53	*****	65.5	deg F		Continuous	CONTIN
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	2.9	*****	4.5	NTU		Weekly	COMP24
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.6	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	170	mg/L		Monthly	GRAB
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	91.9	164.1	lb/d	2.9	*****	4.1	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.8	4.8	MGD	*****	*****	*****	*****		Continuous	CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steven Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	12/12/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the reporting period January 1 - January 31, 2016 all discharge parameters were in compliance with the Specialty Minerals Adam's facility NPDES permit.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADDRESS: 260 COLUMBIA STREET
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FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
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01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	54.6	*****	68	deg F		Twice per Day	GRAB
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.3	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	5	*****	11	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.7	2.7	MGD	*****	*****	*****	*****		Continuous	CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steven Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	12/12/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the monitoring period January 1 - January 31, 2016, all discharge parameters are in compliance with the SMI Adams discharge permit.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	43.6	*****	56.9	deg F		Twice per Day	GRAB
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	8.2	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	13.4	*****	15.6	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.1	MGD	*****	*****	*****	*****		Continuous	CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steven Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	12/12/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the monitoring period January 1 - January 31, 2016, all discharge parameters are in compliance with SMI Adams discharge permit.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	52.5	*****	66.1	deg F		Continuous	CONTIN
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	5.1	*****	8.1	NTU		Weekly	COMP24
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.5	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	210	mg/L		Monthly	GRAB
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	101.4	264.7	lb/d	3.2	*****	7.38	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.8	4.3	MGD	*****	*****	*****	*****		Continuous	CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	3/11/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the monitoring period February 1 - 29, all permit requirements for Outfall 001 were in compliance at Specialty Minerals Adams facility.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	53	*****	68.5	deg F		Twice per Day	GRAB
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.3	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.3	*****	4.4	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.7	2.2	MGD	*****	*****	*****	*****		Continuous	CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	3/11/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the monitoring period February 1 - 29, 2016, all permit requirements for Outfall 002-B were in compliance at Specialty Minerals facility in Adams, MA.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	47.7	*****	56.1	deg F		Twice per Day	GRAB
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	8	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	12.1	*****	16.7	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.2	MGD	*****	*****	*****	*****		Continuous	CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	3/11/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the monitoring period February 1 - 29, 2016, all permit requirements for Outfall 002-C were in compliance at the Specialty Minerals facility in Adams.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
TOXICITY 4X YEAR
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	>= 100	*****	*****	%		Four per Year	COMP24
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	>= 100	*****	*****	%		Four per Year	COMP24
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Four per Year	COMP24
TBD3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	< 6.25	*****	*****	%	1	Four per Year	COMP24
TBD6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	3/11/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the reporting period February 1 - 29, 2016, there was one test failure of the Noel Static 7Day Chronic Pimephales test. The lab attributes this test failure to a naturally occurring pathogen in the effluent. Additional testing for metals was performed on effluent samples 2 and 3. The toxicity report was emailed to Marie McDonald of EPA on 2/12/16 because it could not be uploaded electronically.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	61.3	*****	71.1	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	3.6	*****	6.7	NTU		Weekly	COMP24
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.8	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	200	mg/L		Monthly	GRAB
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	83.4	111.2	lb/d	2.5	*****	3.1	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4	4.3	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	4/13/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the monitoring period, March 1 - March 31, 2016, all permit discharge requirements were in compliance.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	63.4	*****	74.1	deg F		Twice per Day	GRAB
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	8	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	4.2	*****	12	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.9	2.1	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	4/13/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the monitoring period, March 1 - March 31, 2016, all permit discharge requirements were in compliance.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	50.2	*****	58.5	deg F		Twice per Day	GRAB
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	8.2	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.6	*****	10.3	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.2	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	4/13/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the monitoring period, March 1 - March 31, 2016, all permit discharge requirements were in compliance.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	61.5	*****	73.2	deg F		Continuous	CONTIN
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	1.8	*****	2.2	NTU		Weekly	COMP24
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.3	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	150	mg/L		Monthly	GRAB
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	47.9	60	lb/d	1.4	*****	1.6	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.1	4.5	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	5/13/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the monitoring period of April 1 - April 30, 2016, all discharges from Specialty Minerals Adams were in compliance with discharge permit.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	64	*****	75.3	deg F		Twice per Day	GRAB
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.2	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.3	*****	4.8	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2	2.3	MGD	*****	*****	*****	*****		Continuous	CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	05/13/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the monitoring period of April 1 - April 30, 2016, all discharges from Specialty Minerals Adams were in compliance with the discharge permit.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	50.5	*****	60.8	deg F		Twice per Day	GRAB
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.9	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.7	*****	4.6	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.2	MGD	*****	*****	*****	*****		Continuous	CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	05/13/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the monitoring period of April 1 - April 30, 2016, all discharges from Specialty Minerals Adams were in compliance with the discharge permit.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	66.6	*****	81.1	deg F		Continuous	CONTIN
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	3.5	*****	4.8	NTU		Weekly	COMP24
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.5	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	190	mg/L		Monthly	GRAB
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	119.1	64.1	lb/d	3.4	*****	4.9	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.2	4.8	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	/6/14/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the reporting period May 1 - 31, 2016 all discharges were in compliance with permit limitations at Specialty Minerals.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	68.3	*****	82.4	deg F		Twice per Day	GRAB
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.4	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.4	*****	3.4	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2	2.7	MGD	*****	*****	*****	*****		Continuous	CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	6/14/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the reporting period May 1 - 31, 2016 all discharges were in compliance with permit limitations at Specialty Minerals.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	56.4	*****	67.7	deg F		Twice per Day	GRAB
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	8.1	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.1	*****	5.3	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.2	2.2	MGD	*****	*****	*****	*****		Continuous	CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	6/14/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the reporting period May 1 - 31, 2016 all discharges were in compliance with permit limitations at Specialty Minerals.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
TOXICITY 4X YEAR
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	>= 100	*****	*****	%		Four per Year	COMP24
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	>= 100	*****	*****	%		Four per Year	COMP24
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Four per Year	COMP24
TBD3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Four per Year	COMP24
TBD6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	6/14/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the reporting period May 1 - 31, 2016 all discharges were in compliance with permit limitations at Specialty Minerals.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	75.5	*****	80	deg F		Continuous	CONTIN
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	76.1	deg F		Weekly	GRAB
00011 Z 0 Instream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	4.1	*****	6.3	NTU		Weekly	COMP24
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.7	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	110	mg/L		Monthly	GRAB
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	101.4	200.2	lb/d	3.2	*****	4.8	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.8	5	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	7/15/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the monitoring period, June 1 - June 30, 2016, all discharges at SMI Adams were in compliance with permit limits.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	66.1	*****	81.8	deg F		Twice per Day	GRAB
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.8	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2	*****	3.2	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	2.9	MGD	*****	*****	*****	*****		Continuous	CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	7/15/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the monitoring period, June 1 - June 30, 2016, all discharges at SMI Adams were in compliance with permit limits.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	57.7	*****	66.1	deg F		Twice per Day	GRAB
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.7	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.9	*****	3.7	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.2	MGD	*****	*****	*****	*****		Continuous	CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	7/15/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the monitoring period, June 1 - June 30, 2016, all discharges at SMI Adams were in compliance with permit limits.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	72.9	*****	80.5	deg F		Continuous	CONTIN
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	78.4	deg F		Weekly	GRAB
00011 Z 0 Instream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	3.6	*****	4.3	NTU		Weekly	COMP24
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.3	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	240	mg/L		Monthly	GRAB
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	103.4	174.1	lb/d	4	*****	5.8	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.1	3.6	MGD	*****	*****	*****	*****		Continuous	CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE		DATE	
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236		/8/15/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the monitoring period July 1 - 31, 2016, all discharges were in compliance with Specialty Minerals permit.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	73.9	*****	82.6	deg F		Twice per Day	GRAB
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.2	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.3	*****	3.4	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1	1.5	MGD	*****	*****	*****	*****		Continuous	CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	8/15/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the monitoring period July 1 - 31, 2016, all discharges were in compliance with Specialty Minerals permit.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	62.9	*****	67.3	deg F		Twice per Day	GRAB
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.7	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.1	*****	3.1	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.2	2.2	MGD	*****	*****	*****	*****		Continuous	CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	8/15/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the monitoring period July 1 - 31, 2016, all discharges were in compliance with Specialty Minerals permit.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	72	*****	80	deg F		Continuous	CONTIN
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	76.8	deg F		Weekly	GRAB
00011 Z 0 Instream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	2.2	*****	3.3	NTU		Weekly	COMP24
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.5	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	190	mg/L		Monthly	GRAB
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	63.1	84.6	lb/d	2.1	*****	2.6	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.6	3.9	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE		DATE	
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236		/9/15/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

All discharges were in compliance with Specialty Minerals discharge permit during the monitoring period August 1 - August 31, 2016.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	73	*****	81.8	deg F		Twice per Day	GRAB
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.6	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.4	*****	3.7	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.4	1.7	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	09/15/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

All discharges were in compliance with Specialty Minerals discharge permit during the monitoring period August 1 - August 31, 2016.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	62.6	*****	67.9	deg F		Twice per Day	GRAB
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.6	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.8	*****	7.8	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.2	MGD	*****	*****	*****	*****		Continuous	CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	09/15/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

All discharges were in compliance with Specialty Minerals discharge permit during the monitoring period August 1 - August 31, 2016.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
TOXICITY 4X YEAR
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	>= 100	*****	*****	%		Four per Year	COMP24
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	>= 100	*****	*****	%		Four per Year	COMP24
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Four per Year	COMP24
TBD3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24
Noel Static 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	< 6.25	*****	*****	%		Four per Year	COMP24
TBD6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	27.17 DAILY MN	*****	*****	%		Four per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	09/15/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The Noel Static 7Day Chronic Pimephales test encountered a pathogen effect of receiving waters and fungus was noted on dead fish in some replicates during the August 1 - 31, 2016 monitoring period. See attached toxicity report.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	75	*****	78.1	deg F		Continuous	CONTIN
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	73.5	deg F		Weekly	GRAB
00011 Z 0 Instream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	9.9	*****	32.2	NTU		Weekly	COMP24
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.6	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	105	mg/L		Monthly	GRAB
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	364.5	1289	lb/d	11.5	*****	36.8	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.8	4.2	MGD	*****	*****	*****	*****		Continuous	CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE		DATE	
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236		0/14/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the monitoring period of September 1 - 30, 2016, all discharges were in compliance with Specialty Minerals discharge permit.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	73.3	*****	79.3	deg F		Twice per Day	GRAB
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.6	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.7	*****	3.5	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	2.1	MGD	*****	*****	*****	*****		Continuous	CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	0/14/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the monitoring period of September 1 - 30, 2016, all discharges were in compliance with Specialty Minerals discharge permit.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	58.8	*****	64.6	deg F		Twice per Day	GRAB
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.8	SU		Twice per Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	1.3	*****	3.2	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.1	2.1	MGD	*****	*****	*****	*****		Continuous	CONTIN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Thompson		TELEPHONE	DATE
Steve Thompson/ Works Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(413)743-6236	0/14/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During the monitoring period of September 1 - 30, 2016, all discharges were in compliance with Specialty Minerals discharge permit.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
OUTFALL 001 5.0MGD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	84.7 DAILY MX	deg F		Continuous	Recorder (auto)
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	60 DAILY MX	NTU		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Twice per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT					*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1051 MO AVG	2102 DAILY MX	lb/d	25 MO AVG	*****	50 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NEW PERMIT ISSUED 9-16-03. DISCHARGE OUTFALL 001 DOWNSTREAM OF INTERNAL MONITORING.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL - PROCESS & LIMESTONE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING PROCESS WW & LIMESTONE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPECIALTY MINERALS INC
ADDRESS: 260 COLUMBIA STREET
ADAMS, MA 01220
FACILITY: SPECIALTY MINERALS, INC.
LOCATION: 260 COLUMBIA STREET
ADAMS, MA 01220
ATTN: DAVE BUTTELMAN, ENV. SPEC.

MA0005991	002-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 01220
MINOR
(SUBR W)
INTERNAL SW & NCCW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	deg F		Twice per Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT ISSUED 9-16-03. INTERNAL MONITORING SW & NCCW.